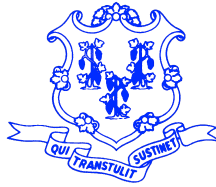


The Connecticut General Assembly

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Memorandum

To: Legislative Regulation Review Committee
From: Legislative Commissioners' Office
Committee Meeting Date: June 26, 2012

Regulation No:	2012-20
Agency:	Department of Social Services
Subject Matter:	Connecticut Statewide Respite Program
Statutory Authority: (copy attached)	17b-349e

	Yes or No
Mandatory	Y
Federal Requirement	N
Permissive	N

For the Committee's Information:

On page 9, the "Statement of Purpose" does not discuss the legal effects of the proposed amendments on existing regulation or other laws as required by the rules of the committee. The statement of purpose contained in the department's notice of intent to amend regulations was in full compliance with the committee rules and was more detailed. The agency should have used the same statement of purpose in its regulation as in its notice of intent. The notice of intent should also contain the date it was published for proper form.

Substantive Concerns:

Technical Corrections:

1. Throughout the proposed regulation, the catchlines of sections should be in bold for consistency with the existing regulation. For example, on page 1, in section 349e-1, "Scope" should be "**Scope**" for consistency.
2. Throughout the proposed regulation "caregiver" is used interchangeably with "caretaker" which is confusing. Given "caregiver" is defined as having the same meaning as "caretaker" in section 17b-349e-3 of the proposed regulation, and "caretaker" is also defined in section 17b-349 of the general statutes, it is unclear why the term "caregiver" is needed. If the agency prefers the term "caregiver" to "caretaker" the agency could state that "caregiver" has the same meaning as "caretaker" as provided in section 17b-349 of the general statutes and simply use the term "caregiver" in its regulations.
3. On page 1, in section 17b-349e-1(a), in the sixth line, "Statewide Respite Program" should be "Statewide Respite Care Program" for consistency and accuracy.
4. On page 1, in section 17b-349e-2, in the second line, "services" should be deleted for proper grammar and form.
5. On page 1, in section 17b-349e-2(2), "supportive" should be "Supportive" for proper form.
6. On page 2, in section 17b-349e-2 (3), "[Provide] new" should be "[Provide new] New" for proper form.
7. On page 2, in section 17b-349e-3(3), the department is changing the definition of "Caretaker" to replace the cite to the definition in section 17b-349e of the general statutes with language repeating the definition as set forth in said statutory section. If the statutory definition is subsequently changed by the General Assembly, the regulation would be in conflict with the statute. The department should retain the cite to the definition in section 17b-349e and delete the language repeating the language set forth in the statute for proper form. The same change should be made in section 17b-349e-3(6) for the definition of "Copayment".
8. On page 4, in section 17b-349e-3(22), "health aid services" should be "health aide services" for proper spelling and consistency with the defined term.
9. On page 4, in section 17b-349e-4(a)(1), the two references to "\$500,000" should be "five hundred thousand dollars (\$500,000.00)" for consistency with the form of the existing regulation.

10. On page 5, in section 17b-349e-5(e) "or the applicant's representative" should be inserted before "is responsible" for proper grammar and consistency.
11. On page 5, in section 17b-349e-5(e), "or the applicant's representative" should be inserted after "The applicant" for proper grammar and consistency.
12. On page 6, in section 17b-349e-6(a), in the third and fifth lines, "Eligible Individuals" should be "An eligible individual" for consistency within the section. As a related change, in section 17b-349e-6(a), in the third line, after "who", brackets should be placed around "have" and "has" should be inserted for proper grammar.
13. On page 6, in section 17b-349e-6(b), "[could] can not" should be "[could not] cannot" for proper grammar and spelling.
14. On page 7, in section 17b-349e-8(e), "Care" should be inserted after "Respite" for consistency and accuracy.
15. On page 7, in section 17b-349e-8(e), the references to "provider of services" and "provider of service" should be "provider [of services]" and "provider" respectively, for consistency with the defined term "provider".

Recommendation:

X	Approval in whole
X	with technical corrections
X	with deletions
	with substitute pages
	Disapproval in whole or in part
	Rejection without prejudice

Reviewed by: Eric W. Gjede / Shannon McCarthy

Date: June 5, 2012

Sec. 17b-349e. Respite care services for caretakers of Alzheimer's patients.
Definitions. Requirements. Regulations. (a) As used in this section:

(1) "Respite care services" means support services which provide short-term relief from the demands of ongoing care for an individual with Alzheimer's disease.

(2) "Caretaker" means a person who has the responsibility for the care of an individual with Alzheimer's disease or has assumed the responsibility for such individual voluntarily, by contract or by order of a court of competent jurisdiction.

(3) "Copayment" means a payment made by or on behalf of an individual with Alzheimer's disease for respite care services.

(4) "Individual with Alzheimer's disease" means an individual with Alzheimer's disease or related disorders.

(b) The Commissioner of Social Services shall operate a program, within available appropriations, to provide respite care services for caretakers of individuals with Alzheimer's disease, provided such individuals with Alzheimer's disease meet the requirements set forth in subsection (c) of this section. Such respite care services may include, but need not be limited to (1) homemaker services; (2) adult day care; (3) temporary care in a licensed medical facility; (4) home-health care; (5) companion services; or (6) personal care assistant services. Such respite care services may be administered directly by the department, or through contracts for services with providers of such services, or by means of direct subsidy to caretakers of individuals with Alzheimer's disease to purchase such services.

(c) (1) No individual with Alzheimer's disease may participate in the program if such individual (A) has an annual income of more than forty-one thousand dollars or liquid assets of more than one hundred nine thousand dollars, or (B) is receiving services under the Connecticut home-care program for the elderly. On July 1, 2009, and annually thereafter, the commissioner shall increase such income and asset eligibility criteria over that of the previous fiscal year to reflect the annual cost of living adjustment in Social Security income, if any.

(2) No individual with Alzheimer's disease who participates in the program may receive more than three thousand five hundred dollars for services under the program in any fiscal year or receive more than thirty days of out-of-home respite care services other than adult day care services under the program in any fiscal year, except that the commissioner shall adopt regulations pursuant to subsection (d) of this section to provide up to seven thousand five hundred dollars for services to a participant in the program who demonstrates a need for additional services.

(3) The commissioner may require an individual with Alzheimer's disease who participates in the program to pay a copayment for respite care services under the program, except the commissioner may waive such copayment upon demonstration of financial hardship by such individual.

(d) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to implement the provisions of this section. Such regulations shall include, but need not be limited to (1) standards for eligibility for respite care services; (2) the basis for priority in receiving services; (3) qualifications and requirements of providers, which shall include specialized training in Alzheimer's disease, dementia and related disorders; (4) a requirement that providers accredited by the Joint Commission on the Accreditation of Healthcare Organizations, when available, receive preference in contracting for services; (5) provider reimbursement levels; (6) limits on services and cost of services; and (7) a fee schedule for copayments.

(e) The Commissioner of Social Services may allocate any funds appropriated in excess of five hundred thousand dollars for the program among the five area agencies on aging according to need, as determined by said commissioner.